

101579643

Application Data Sheets
A201000CT/PTO 18 MAY 2006

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	SAFETY DEVICE FOR WEAPONS AND METHOD FOR SECURING WEAPONS PROVIDED WITH A SAFETY DEVICE
Attorney Docket Number::	S118.12-0007
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	2
Small Entity?::	No
Petition included?::	
Petition Type::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	GERMANY
Given Name::	Stefan
Family Name::	Parhofer
Name Suffix::	
City of Residence::	Munchen
State or Province of Residence::	
Country of Residence::	GERMANY
Street of Mailing address::	Tegernseer Landstrasse 97
City of Mailing address::	Munchen
State of Province of mailing address::	
Country of mailing address::	GERMANY
Postal or Zip Code::	81539

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Given Name:: Bernd
Family Name:: Dietel
Name Suffix::
City of Residence:: Wiessenstadt
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing address:: Wiessenhaid 6
City of Mailing address:: Weissenstadt
State of Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code:: 95163

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Given Name:: Herbert
Family Name:: Meyerle
Name Suffix::
City of Residence:: Maisach
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing address:: Gottlerstrasse 10
City of Mailing address:: Maisach
State of Province of mailing address::
Country of mailing address:: GERMANY
Postal or Zip Code:: 82216

Correspondence Information

Correspondence Customer Number:: 27367

Representative Information

Representative Customer Number::	27367	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/013100	11/21/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No